


| <b>AMENDMENT TRANSMITTAL LETTER</b>   |   |   |                                   |                                       | Docket No.<br>12088/039001 |                  |
|---|---|---|-----------------------------------|---------------------------------------|----------------------------|------------------|
| Application No.<br>10/555,720-Conf. #2059   |   | Filing Date<br>November 7, 2005         |                                   | Examiner<br>C. A. Kelly               |                            | Art Unit<br>3634 |
| Applicant(s): Kazuyoshi Oshima et al.   |   |   |                                   |                                       |                            |                  |
| Invention: DEVICE FOR GUIDING PLATE-LIKE OBJECT   |   |   |                                   |                                       |                            |                  |
| <b>TO THE COMMISSIONER FOR PATENTS</b>  |   |   |                                   |                                       |                            |                  |
| Transmitted herewith is an amendment in the above-identified application.   |   |   |                                   |                                       |                            |                  |
| The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                                       |                            |                  |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                   |                                       |                            |                  |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                                  |                            |                  |
| Total Claims  | 13  | - 31 =                                  | 0                                 | x 52.00                               | 0.00                       |                  |
| Independent<br>Claims   | 1   | - 3 =                                   | 0                                 | x 220.00                              | 0.00                       |                  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |   |   |                                   |                                       |                            |                  |
| Other fee (please specify):   |   |   |                                   |                                       |                            |                  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |                                       | 0.00                       |                  |
| <input checked="" type="checkbox"/> Large Entity  |   |   |                                   | <input type="checkbox"/> Small Entity |                            |                  |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |                                       |                            |                  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.   |   |   |                                   |                                       |                            |                  |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.   |   |   |                                   |                                       |                            |                  |
| <input type="checkbox"/> Payment by credit card.  |   |   |                                   |                                       |                            |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below.                               |   |   |                                   |                                       |                            |                  |
| <input checked="" type="checkbox"/> Credit any overpayment.   |   |   |                                   |                                       |                            |                  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |   |   |                                   |                                       |                            |                  |
|  <u>\$45,079</u><br>Jonathan P. Osha <i>Thomas Scheller</i><br>Attorney/Agent Reg. No.: 33,986 |   |   |                                   | Dated: <u>August 26, 2009</u>         |                            |                  |
| OSHA · LIANG LLP<br>909 Fannin Street, Suite 3500<br>Houston, Texas 77010<br>(713) 228-8600   |   |   |                                   |                                       |                            |                  |